

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

15428

FILED MAY 14 1953

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1003

State File No.

Registrar's No. **4060**

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		Registrar's No. 4060			
1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis					c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis						
c. LENGTH OF STAY (in this place) 5 weeks					2219						
d. FULL NAME OF HOSPITAL OR INSTITUTION Old Faith Hospital					d. STREET ADDRESS (If rural, give location) 3537 Page Avenue.						
3. NAME OF DECEASED (Type or Print)					4. DATE OF DEATH (Month) (Day) (Year)						
a. (First) JAMES NOEL b. (Middle) ARNOLD c. (Last) JR.					April 19, 1953						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH June 3, 1926		9. AGE (In years last birthday) 26			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Fry Roofing Co.		11. BIRTHPLACE (State or foreign country) Smithville Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME James N. Arnold Sr.			13b. MOTHER'S MAIDEN NAME Banna Wells			14. NAME OF HUSBAND OR WIFE - - - - -					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War 2			16. SOCIAL SECURITY NO. 432-52-3080			17. INFORMANT'S SIGNATURE OR NAME Lowell E. Holland, 5098 Cates Avenue.			ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. acute glomerular nephritis DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 6 weeks 3 months	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 475X					
22. I hereby certify that I attended the deceased from 3/16, 1953 to 4/19, 1953 , that I last saw the deceased alive on 4/19, 1953 , and that death occurred at 1:30 A. m. , from the causes and on the date stated above.											
23. SIGNATURE Raymond M. Chaneas (Degree or title) M.D.					23b. ADDRESS 634 N. Grand			23c. DATE SIGNED 4/19/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal			24b. DATE April 20, 1953			24c. NAME OF CEMETERY OR CREMATORY Townsend Cemetery			24d. LOCATION (City, town, or county) (State) Smithville, Arkansas.		
DATE REC'D BY LOCAL APR 20 1953			REGISTRAR'S SIGNATURE Charles Smith			25. FUNERAL DIRECTOR'S SIGNATURE Shepard Funeral Home, 1167 Hamilton Ave			ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John S. Kennedy
Licensed Embalmer No. *A 1940*
P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.